

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N003001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/22/2015
NAME OF PROVIDER OR SUPPLIER ATCHISON SENIOR VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 1419 N 6TH ST ATCHISON, KS 66002		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey.	S 000		
S 200 SS=D	26-39-102 (g) Written Discharge Notice Requirements (g) Each written transfer or discharge notice shall include the following: (1) The reason for the transfer or discharge; (2) the effective date of the transfer or discharge; (3) the address and telephone number of the complaint program of the Kansas department on aging where a complaint related to involuntary transfer or discharge can be registered; (4) the address and telephone number of the state long-term care ombudsman; and (5) for residents who have developmental disabilities or who are mentally ill, the address and telephone number of the Kansas advocacy and protection organization. This REQUIREMENT is not met as evidenced by: K.S.A. 26-39-102 (g) The facility had a census of 53 residents. The sample included 21 residents. Based upon record review and interview the facility failed to issue an involuntary discharge notice to 1 of 1 residents sampled for involuntary discharge. (#16) Findings included: - Resident #16's electronic medical record identified the resident was admitted to the facility	S 200		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 200	<p>Continued From page 1</p> <p>on 2/19/15 with diagnoses that included anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear) and dementia (progressive mental disorder characterized by failing memory, confusion).</p> <p>The resident's admission Minimum Data Set (MDS) dated 2/25/15 identified the resident scored 9 (moderately impaired cognition) on the Brief Interview for Mental Status, had physical behaviors and verbal behavioral symptoms 4 to 6 days of the 7 day assessment period and received an antianxiety 7 of the 7 days and an antipsychotic medication 2 of the 7 days during the 7 day assessment period.</p> <p>The residents Discharge Assessment dated 3/5/15 identified the resident was discharged to a psychiatric hospital and was anticipated to return.</p> <p>The resident's care plan dated 2/23/15 included the resident was restless at times and was upset that he/she resided in the facility.</p> <p>A communication note dated 3/4/2015 and timed 11:18 A.M. documented staff spoke with the resident's family member concerning the resident's behavior last evening. Staff informed the resident's family member if Ativan (an antianxiety medication) did not resolve the resident's combativeness or if the resident hit anyone else he/she would not be allowed to stay at the facility. The family member asked what that meant and staff informed the family member he/she would have to take the resident home or the resident would have to be evaluated for a psychiatric unit.</p> <p>A discharge summary note dated 3/5/2015 and timed 5:49 P.M. included the resident was taken</p>	S 200		

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S 200	<p>Continued From page 2</p> <p>to a hospital for a psychiatric evaluation.</p> <p>A behavior note dated 3/17/2015 and timed 9:53 A.M. documented a staff from the psychiatric hospital telephoned the facility on 3/16/15 and facility staff explained to the staff the facility would not accept the resident.</p> <p>The resident's clinical record lacked evidence the facility issued a 30 day involuntary discharge notice to the resident's family or legal representative. The resident's clinical record lacked evidence a physician documented the safety of others in the facility was endangered.</p> <p>On 4/16/15 at approximately 3:15 P.M. administrative staff A stated the resident was transferred to a geriatric psychiatric unit for an evaluation. Administrative staff A stated the facility did not accept the resident back. Administrative staff A stated the facility did not issue a 30 day involuntary discharge notice to the resident's family and/or legal representative.</p> <p>The facility's Discharge/Transfer Policy and Procedure included the facility may discharge or transfer residents from the facility upon prior notice to the resident, resident's next of kin, guardian and/or representative of at least 30 days except in emergency situation in following instances...to protect the safety or welfare of others in the facility.</p> <p>The facility failed to issue a 30 day involuntary discharge notice for this resident where there was no physician documentation the safety of others in the facility was endangered.</p>	S 200		